



Suicide Prevention Program



In The Army's Suicide Prevention Program

Everyone Matters!



Goal of the Army Suicide Prevention Program



**TO MINIMIZE SUICIDAL BEHAVIOR
AMONG OUR SOLDIERS, RETIREES,
CIVILIANS AND FAMILY MEMBERS.**



Former Chief of Staff of the Army Statement



The CSA stated that suicide is a “serious problem” and directed a complete review of the ASPP. He called for a campaign that would refine the ASPP by making use of the best-known available science, and would also invigorate suicide prevention awareness and vigilance.



Former Chief of Staff of the Army Statement (cont)



He further stated that for the program to be effective, the framework must:

- **involve all commanders**
- **be proactive**
- **intensify preventive efforts against suicidal behavior**
- **invest in our junior leaders**
- **improve current training and education**



Possible Mental Disorders



- **Impulsive or aggressive-violent traits**
- **Previous other self-injurious acts**
- **Excessive anger, agitation, or constricted preoccupations**
- **Excessive alcohol use**
- **Heavy smoking**
- **Evidence of any sleep or eating disorder**



Suicide Potential “Triggers”



- **Loss of a loved one to illness or death**
- **Loss of a significant, intimate relation**
- **Loss of a child custody battle**
- **Loss of friendship or social status**
- **Loss of job or rank**



Suicide Potential “Triggers” (cont)



- **Loss of freedom**
- **Loss of financial security**
- **Loss of self esteem**
- **Loss of hope or feeling helpless**
- **Loss or change in lifestyle**



Suicide Immediate Danger Signs



- **Talking or hinting about suicide**
- **Formulating a plan to include acquiring the means to kill oneself**
- **Having a desire to die**



Suicide Immediate Danger Signs (cont)



- **Obsession with death including listening to sad music or poetry or artwork**
- **Themes of death in letters and notes**
- **Finalizing personal affairs**
- **Giving away personal affairs**



Suicide Warning Signs



- **Oblivious drop in duty performance**
- **Unkempt personal appearance**
- **Feelings of hopelessness or helplessness**
- **Family history of suicide**
- **Made previous suicide attempts**
- **Drug or alcohol abuse**



Suicide Warning Signs (cont)



- **Social withdrawal**
- **Loss of interest in sexual activity**
- **Reckless behavior, self-mutilation**
- **Physical health complaints, changes/loss of appetite**
- **Complaints of significant difficulties**



Resources for Living



PROTECTIVE FACTORS

- **Intact social supports, including marriage**
- **Active religious affiliation or faith**
- **Presence of Dependent young children**
- **Ongoing supportive relationship with a caregiver**



Resources for Living (cont)



PROTECTIVE FACTORS

- **Absence of depression or substance abuse**
- **Living close to medical and mental health resources**
- **Awareness that suicide is a product of illness, not weakness**
- **Proven problem-solving and coping skills**



Reasons for Living



- **Family.** Any mention of a family member's love.
- **Future.** Statements that express hope for the future.
- **Specific plans and goals.** Future oriented plans.
- **Enjoyable things.** Activities or objects that are enjoyed.
- **Friends.** Any mention of friends.



Reasons for Living (cont)



- **Self.** Statements about qualities of self such as “I don’t want to let myself down.”
- **Responsibilities to others.** Any mention of obligations owed to others or the thought of protecting others.
- **Religion.** Statements referring to religion.



Army Suicide Prevention Model Barriers



INDIVIDUAL READINESS

PREVENTION

INTERVENE

SECURE

**CONTINUITY
OF
CARE**



Suicide Prevention



PREVENT

- **Identifying “high-risk” soldiers**
- **Caring and proactive leaders**
- **Encouraging help-seeking behavior**
- **Teaching positive life coping skills**



Identifying “High Risk” Soldiers



**Pitfalls that can lead to mental health
dysfunction
and early attrition:**

- **Premature marriage**
- **Premature parenthood**
- **Excessive debt**
- **Substance abuse**
- **Dysfunctional behaviors resulting in UCMJ**



Identifying “High Risk” Soldiers (cont)



- **Authority difficulties**
- **Inability to form positive supportive relationships**
- **Excessive time demands relative to time management skills**
- **Family of origin problems-acute and unresolved from past**
- **Dissonance between expectations and reality**



Caring and Proactive Leaders



- **Understanding Potential “Triggers”**
- **Sense of Unit Belonging**



Encouraging Help Seeking Behaviors



All leaders should encourage help-seeking behavior within their subordinates, without fear of repercussions!



Teach Positive Life Coping Skills



- **Total physical, spiritual, and mental health**
- **Avoidance of stress-inducing behaviors**



Intervention



- **Suicide awareness and vigilance**
- **Integrated & synchronized unit and community-wide support**
- **Assured problem resolution**



Applied Suicide Intervention Skills Training (ASIST)

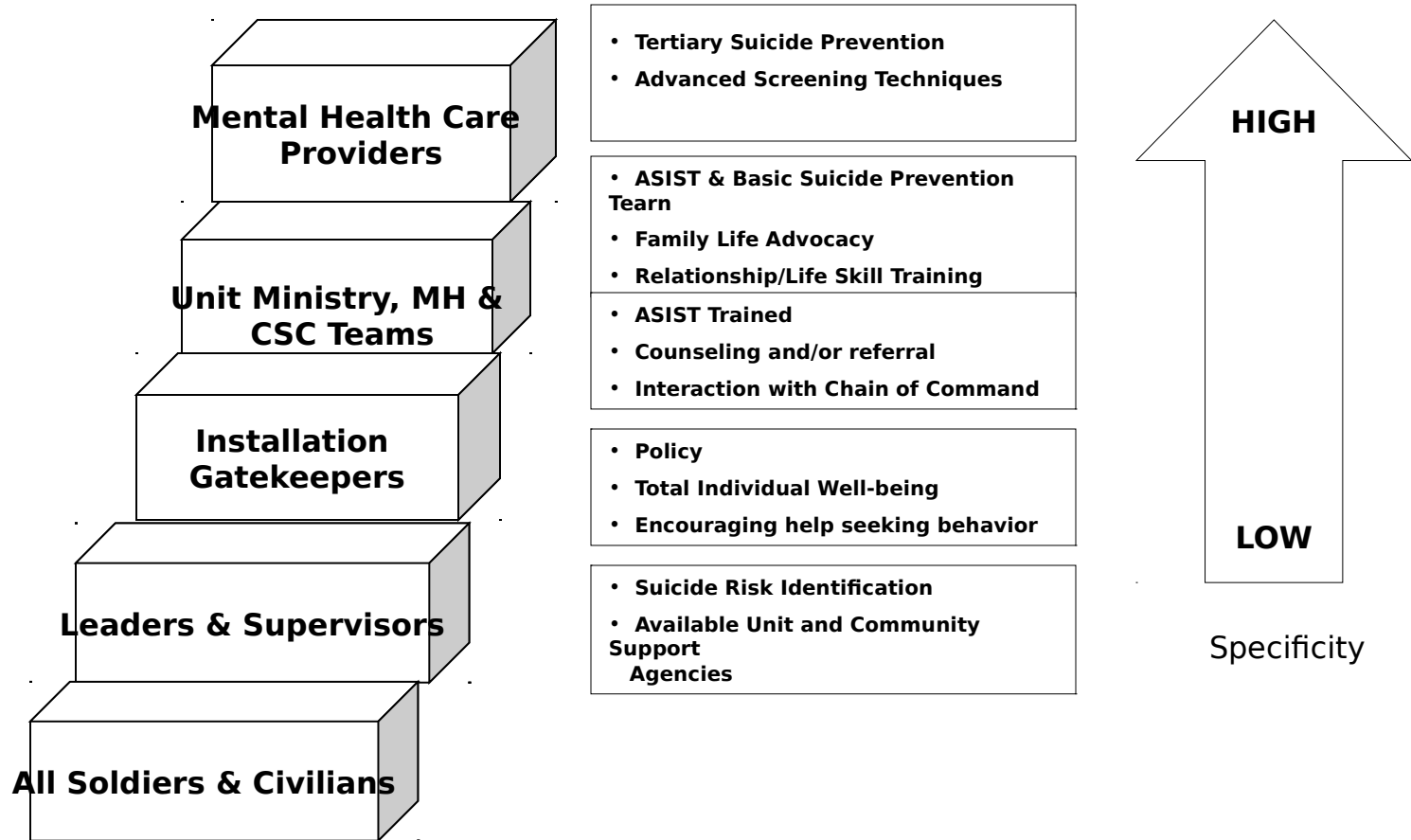


ASIST:

- **Workshop to train unit leadership in preparation for applying the immediate “first-aid to potential “at risk” individuals**
- **ASIST “T-2” is a two day workshop for gatekeepers**
- **ASIST “T4T’s are 2 qualified trainers of ASIST “T-2”, 1 should be the installation Family Life Chaplains**



Army Suicide Awareness Training Model





Installation Gatekeepers



Primary Gatekeepers

**Chaplain & Chaplain
Assistance
ADAPCP Counselors
Family Advocacy Program
workers
AER
Emergency room medical
technicians
Medical Health
Professionals**

Secondary Gatekeepers

**Military Police
Trial Defense
Lawyers
Youth Services
Inspector General
Office
DoD School
Counselors
MWR Workers
Red Cross Workers**



Commander's Responsibilities



Once a soldier or civilian experiencing a “life crisis,” is identified, it is the responsibility of the commander to ensure that that individual not only receives the proper crisis intervention, but that the problem has fully resolved.



Suicide Prevention



Every one matters!